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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705063** (6)

1. Corporation Name

THE 682 FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**15947 N.E. 19TH PL
P.O. BOX 600455
NORTH MIAMI BEACH FL 33162**

**%BEATRICE TREPPER
700 S. HOLLYBROOK DR., APT 206 BLDG55
PEMBROKE PINES FL 33025**



3. Date Incorporated or Qualified

01/17/1963

4. FEI Number

59-6153433

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TREPPER, BEATRICE (TREASURER/SECRETARY)
700 S HOLLYBROOK DR
BLDG 55 / APT - 206
PEMBROKE PINES FL 33025**

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Beatrice Trepper
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **GROMET, HERMAN**
STREET ADDRESS **1655 NE 159 STREET**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **FERBER, EUGENE**
STREET ADDRESS **231 174TH STREET / STE - 301**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☒ DELETE

NAME **SCHNEIDER, WILLIAM**
STREET ADDRESS **231 174 STREET / STE - 2405**
CITY-ST-ZIP **N MIAMI BEACH FL** **DECEASED**

TITLE ☐ DELETE

NAME **LIEBMAN, LEON**
STREET ADDRESS **1101 SW 128TH TERRACE / STE - 209**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME **LEVINE, RALPH**
STREET ADDRESS **2880 N.E. 203RD STREET., #1**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **TREPPER, BEATRICE**
STREET ADDRESS **700 S. HOLLYBROOK DR., APT #206 BLDG 55**
CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **NOW PRESIDENT** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NOW PRESIDENT

Herman Gromet

NOW DIRECTOR

Eugene Ferber

VP-ROSENBERG, LOUIS

930 NE 172 ST, N.M.B.FL.33162

NOW DIRECTOR

Leon Liebman

NOW DIRECTOR

Ralph Levine

NOW TREASURER/SECY.

Beatrice Trepper

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice Trepper* **BEATRICE TREPPER** (954) 431-7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)